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RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN GEORGIA*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of three years or less that supports activities in Georgia where a full-length country programme recommendation is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Georgia	2 000 000	2 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

GEORGIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	29
IMR (per 1,000 live births)	25
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	..
Primary school enrolment (% net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1 640

One-year-olds fully immunized against (1991):

tuberculosis:	63 per cent
diphtheria/pertussis/tetanus:	45 per cent
measles:	58 per cent
poliomyelitis:	45 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

1. The ethnic, linguistic and religious differences that divide the peoples of the Caucasus region are at their most complex and acrimonious in the Republic of Georgia. The collapse of the former Soviet Union has lifted the lid on containment of these differences, bringing many of them to the surface. At times, three separate armed conflicts in different parts of the country flare-up simultaneously, scattering refugees, disrupting supply routes and paralysing social services and economic activity. As a result, the 5.4 million Georgians now rely on humanitarian aid for essential drugs and grain for bread - the staple of the diet for many.

2. Georgia's background of conflict is rooted in the country's history at the crossroads of the Caucasus, where some 30 languages are spoken and remnants of migrating tribes claim territory. Ethnic Georgians make up about 69 per cent of the total population. Minorities include ethnic Armenians, Russians, Abkhazians, Adjaris, Greeks, Azeris, South Ossetians, Circassians, Kurds, Chechens, Chan, Ingush and Bat peoples, among others. Long a pawn in the power rivalries of the Persian, Ottoman and Russian empires, Georgia briefly became independent in 1918 only to be attacked by Bolshevik troops and absorbed into the former Soviet Union in 1922. Ethnic concentrations were recognized by creating within Georgia the Autonomous Republics of Abkhazia and Ajaria and the

Autonomous Region of South Ossetia. Even before the restoration of Georgian independence in April 1991, fighting broke out between ethnic Georgians and the South Ossetians, a people related to Iranians, who wished to secede and join their North Ossetian brethren in an adjoining Russian region. There were also clashes between the ethnic Georgians and the Abkhazians, an Islamic Turkic-speaking group on the Black Sea, who declared independence, although they were a minority (17 per cent, compared to 46 per cent ethnic Georgians in the Abkhazia region) in their own land. In September 1993, the Abkhaz launched a major offensive and succeeded in capturing the entire region, provoking the flight of about 150,000 ethnic Georgians in addition to some 100,000 who had already fled as a result of the earlier hostilities. Thus, in a short period of time, the ethnic composition of Abkhazia underwent a dramatic and violent reversal, with ethnic Abkhazians as the new majority and the number of ethnic Georgians reduced to approximately 30,000 from 280,000 in 1991.

3. Simultaneously, in September 1993, Zviad Gamsakhurdia, who was elected President of Georgia in 1991, but was overthrown by a military coup nine months later, returned from exile to his stronghold in the western province of Mingrelia. He immediately launched an armed insurrection against his successor Eduard Shevardnadze, the former Communist Party Secretary of Georgia and Foreign Minister of the Union of Soviet Socialist Republics. This conflict has claimed thousands of lives and injured many people, creating a massive humanitarian crisis in the midst of a collapsing social and economic infrastructure. Periodic cease-fires have never lasted for very long. The erosion of government control and availability of weapons from the former Soviet Union army have fostered instability and the emergence of local strong men and their militias. At different times, and often together, the ports of Poti, Sukhumi and Batumi have been cut off by fighting, interrupting supply lines not only to the Georgian capital, Tbilisi, but also to Armenia and Azerbaijan.

An impoverished economy and lowered living standards

4. Under the centrally planned economy of the former Soviet Union, Georgia produced 90 per cent of the tea and much of the citrus fruit, wine and tobacco for the Union and boasted attractive subtropical resorts on the Black Sea, such as the now-destroyed Abkhazian capital, Sukhumi. Its reputation as a relatively prosperous country of good food and drink, home to enterprising, hospitable people, stands in stark contrast to the present divided land where about 85 per cent of families live at or below the poverty line.

5. The value of the commodities and services considered necessary for a normal standard of living was calculated by the Ministry of Labour and Social Affairs at 200,000 coupons per month in August 1993, when the minimum wage, even after being doubled in the second half of the year, was only 9,200 coupons. For comparison, the monthly salary of the Coordinator of Humanitarian Relief was 52,000 coupons, and the average pay for a worker lucky enough to have a full-time job was 20,000 coupons. (Coupons, an interim currency, were quoted at more than 18,000 to 1 United States dollar in October 1993.) With inflation approaching 2,000 per cent, food prices jumped daily. In June 1993, the monthly cost of ensuring consumption of 2,400 calories a day for an average family was estimated by the Ministry of Health at 98,300 coupons; in July 1993, 196,000 coupons were required. An average family now spends over 70 per cent of

its income on food, more than twice the proportion of four years ago. Controlled rents remain very low, as do utilities, although heating and cooking fuel are scarce and power cuts are frequent. Suppliers of gas and petrol in the other parts of the former Soviet Union demand payment in dollars, driving Georgia deep into debt.

6. The mainstays of the Georgian economy, agriculture (about 37 per cent of the gross national product (GNP)) and light industries (35 per cent of GNP), have been devastated by a combination of internal factors, namely, warfare, political turmoil, lack of fuel and transport and the dismantling of many state farms and enterprises. Externally, they have been undermined by the breakdown of the centrally controlled market system of the former Soviet Union and Georgia's withdrawal from the ruble bloc. Markets for Georgian produce and goods have dwindled; many essential imports are no longer available from traditional suppliers, and the state budgetary deficit exceeds GNP. Government impoverishment and inability to provide essential services, including security, have been matched by a thriving black market and the growth of powerful armed criminal gangs. According to informed estimates, as production fell by more than 60 per cent since 1991, unemployment and underemployment soared, hitting one half of the workforce. Safety net benefits, often based on a low minimum wage, have become totally inadequate.

7. In September 1993, only about 150,000 persons, or 4.8 per cent of the working population, were registered as unemployed. According to the Ministry of Labour, the real figures were at least two to three times higher. This discrepancy is due partly to the difficulty of registering people in areas of conflict. Another reason for low registration is that many people are ashamed to admit that they are unemployed. Furthermore, technically, thousands of workers remain employed, although their enterprises are temporarily closed or working at greatly reduced capacity, while they receive symbolic salaries.

8. Under such harsh conditions, life for the vulnerable groups - young children, single parent and large families, refugees, families of the unemployed, disabled persons and elderly pensioners - is highly precarious. Included in an official estimate, these vulnerable groups comprise 380,000 children under five years of age, 195,000 pregnant and nursing mothers, 119,400 single parents and their children, 380,000 pensioners and 250,000 displaced persons. But today the population-at-large qualifies as vulnerable, with child hunger, food shortages, high food prices and depressed family incomes at the core of the country's deepening emergency.

9. The social security nets for families are no longer adequate to cushion the most severe economic shocks. In September 1993, monthly child allowances for children under six years of age were 50 per cent of the minimum wage, or 4,600 coupons, and one half that for children from 6 to 16 years of age. In addition, a single parent received 60 per cent of the minimum wage per month. Unemployment benefits, which last for one year, included full salary for three months, decreasing progressively to 50 per cent. After a year, the unemployed worker only receives subsidies for staple foods, a benefit also available for persons seeking work for the first time. Women comprise 47 per cent of the workforce, generally earning much less than men in comparable jobs.

Health at risk

10. The people of Georgia have traditionally enjoyed a high standard of health, a factor that probably provided at least a temporary buffer against inadequate diet and lower quality health care services. However, even though national figures are incomplete because of the inaccessibility of much of the country to the central authorities, there is evidence that the health status of children is deteriorating rapidly. Acute respiratory infections (ARI), influenza and pneumonia cause over 40 per cent of infant deaths. Perinatal complications and infections are responsible for more than 30 per cent of all infant deaths. ARI and diarrhoeal diseases together account for over 70 per cent of all cases of infants and children in hospitals. It is likely that the situation in areas of armed conflict is worse than elsewhere. Demoralized staff in an increasingly dysfunctional health system lack sufficient funds and essential medicines to cope with the situation. Moreover, there is little orientation towards primary health care (PHC); health education is almost non-existent and basic preventive care, including immunization, is being neglected. The little government funding available goes primarily to maintaining large inefficient hospitals, which were inherited from the Soviet era. Diarrhoeal diseases are spreading due to breakdowns of antiquated water systems and lack of money and supplies for maintenance, repairs and water treatment. Inadequate technical knowledge on case management of ARI is a problem that needs to be addressed urgently, especially with the increased threat of respiratory problems among displaced children living in crowded and unheated winter accommodations.

11. Immunization service was virtually halted for two years for lack of vaccines and ancillary equipment. As a result, an outbreak of diphtheria occurred in the last quarter of 1993, but enough vaccines arrived in 1993 to immunize newborns and children missed in previous years. However, due to the armed conflicts as well as management and logistical difficulties, coverage for 1993 is expected to be low. Unfamiliarity with western vaccines and the new vaccination schedules that they require compounds the problems, which are being addressed by the United States Agency for International Development (USAID), the international non-governmental organizations (NGOs), Resources for Child Health Project (REACH), Médecins sans frontières (MSF) (Doctors without Borders) and UNICEF.

12. Official statistics show a maternal mortality rate of 49.8 per 100,000 live births. Causes of maternal mortality include haemorrhaging, lack of proper antenatal care and a high rate of abortions (about 726 per 1,000 live births). Abortion contributes to about one quarter of maternal deaths and is often used as the principal birth control method. Government policy is to expand family planning services, but at present, only a few family planning clinics are established and contraceptives are generally only available on the free market at high prices.

13. Child malnutrition has not yet surfaced in official statistics, but it should be considered a serious threat. Food prices in Georgia rose by 2,000 per cent in 1992 and have continued rising throughout 1993. The food situation of the urban population is precarious, with pregnant and lactating women and infants and young children at high risk. Infant nutrition is of particular concern since, on average, only 20 per cent of mothers breast-feed

after three months and there is no infant or weaning food production in the country. Many families receive food from relatives in rural areas or ethnic support groups in the Russian Federation, but there is thought to be a large group of the hidden hungry living mainly on bread, which is rationed. There are always lines at the state bread stores, where loaves sell at subsidized prices. Free hot meals at schools have been discontinued except for special schools, orphanages and about one third of all kindergartens. Because refugees receive special assistance, including free food, resentment towards them is building among the urban poor, who feel deprived by comparison. Micronutrient deficiencies, especially iodine deficiency disorders (IDD), have emerged as problems, with a recent survey finding over 87 per cent of all schoolchildren in mountainous districts to be suffering from goitre. All salt is imported, but with the breakdown of trade with Armenia, there has been no iodized salt in the country since 1991. There is also evidence of anaemia among pregnant women and of widespread vitamin A and D deficiencies, all probably linked to the enforced changes in diet and reduced per capita food intake.

Education for all

14. Education is free for all in Georgia under a system that was established according to the nationwide standards of the former Soviet Union. Previous achievements, however, are threatened by the crisis. Recent education reform includes new legislation upgrading the qualifications, training and working conditions of teachers and the introduction of a new curriculum. The pervasive lack of funds, increasing demands for textbooks, a shortage of paper for publishing and the lack of learning and teaching aids hamper the everyday functioning of pre-schools and primary schools. Shortages also curtail the availability of school supplies for pupils; once provided free, they now must be paid for, placing them out of the reach of many families. Power cuts severely affect heating in schools during winter, frequently leading to the suspension of classes. School feeding programmes cover only one third of all pre-primary schools, and the number of children whose parents cannot provide adequate meals is increasing. In addition, some 90,000 displaced children have been deprived of their normal school environment. Although the Ministry of Education is giving priority to accommodating these displaced children in local schools, the authorities lack the resources to replace the books and school materials left behind by these children in their flight from their homes. It is certain that some of these children are in serious need of psychological counselling, since they must endure the psycho-social trauma of displacement with few support services to alleviate their distress.

Women: a qualified equality

15. Women enjoy legal equality with men in Georgia, but the traditions of Georgian society, whether Christian or Islamic, give men a dominant position. The years under Communism saw women take advantage of opportunities for education and employment. Indeed, women university graduates outnumber men, and women comprise 47 per cent of the workforce. Nevertheless, few women are found in the ranks of management or political office. Jobs for women rarely make the most of their higher education, and women are usually paid considerably less than men for doing the same work. At the same time, women have the full burden of housework and child-rearing, whether they hold outside jobs or not. Paid

maternity leaves are liberal. The network of nursery schools and kindergartens covers 70 per cent of the eight months to three years age-group. However, poorly paid and underqualified staff provide inferior care. In some areas, working mothers have difficulty finding a place for their children; in many other cases, home care by relatives is considered preferable. At the national level, the inequality of women was not much of an issue in the past, but a Women's Council now claims to have branches throughout the country to promote genuine equality with men.

Logistics

16. Delivering aid to the places where it is most needed is perhaps the principal constraint in the emergency phase of relief to vulnerable groups. Convoys, including those of UNICEF, have been able to cross the lines between combatants, but only with considerable difficulty. Different factions control air, road and sea routes in different locations. Once delivered to a port of entry, or handed over to a ministry, the Humanitarian Aid Commission or the Refugee Committee, shipments must be protected from pilferage and banditry by armed guards. Warehouse space is available, but moving supplies on to specific consignees is slowed by the general shortage of fuel. Monitoring the reception of shipments by end-users has been difficult to arrange and confirm. Of course, delivery to besieged towns where the need is urgent becomes extremely dangerous. In these circumstances, donor support to the Government for strengthening of logistics operations for emergency assistance has become a priority for donor agencies, including UNICEF.

Social mobilization

17. For more than 70 years the Georgian public has been mobilized for the social purposes of communist regimes, but communities and individuals were rarely empowered. The fall of communist power in the former Soviet Union was not an overnight process; many practices and personalities are still in place. It will take a long time to refashion political, social and economic structures. While it is not possible to predict what the new forms will be, it seems probable that Georgians will have to rely more on their own resources until a new trading system replaces the economy once centrally-planned in Moscow. If communities and families are encouraged to acquire the knowledge, motivation and empowerment to take on more responsibility for their own welfare, it will facilitate the transition, make decision-making more responsive to the needs of the people and help to stabilize a divided society.

18. A number of existing institutions could play important parts in new social mobilization efforts aimed at the empowerment of communities and families to facilitate the transition. The Ministry of Health has modest experience upon which health education can be built. The Ministry of Education has been a partner in some classroom health education. The Ministry of Labour and the Refugee Committee are in touch with vulnerable groups and retraining programmes. Various committees in parliament draft recommendations related to health, education and social welfare. There is a reasonably good communications and media network. Other channels, such as women's organizations, a reviving religious community, academic research centres, agricultural extension, teacher and health personnel training institutions and even political parties, can take

part in alliances promoting healthy family life in Georgia, as they have in so many other countries. Assisting key individuals among those potential partners to see how social mobilization has worked in the outside world could be a first step.

Past and present cocperation

Emergency programme

19. In the first two weeks of February 1993, an inter-agency mission composed of the United Nations Department of Humanitarian Affairs (DHA), UNICEF, the World Food Programme (WFP), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Food and Agriculture Organization of the United Nations, the World Health Organization (WHO), the International Organization for Migration and the International Federation of Red Cross and Red Crescent Societies (IFRC) assessed emergency needs in Georgia. This resulted in a United Nations consolidated appeal for the most vulnerable groups among the conflict-affected population. The appeal covered emergency food aid, logistics assistance, health care, nutrition and refugee protection, among other activities. Out of a total of $20.9 million, the value of the UNICEF component of the appeal was $2.7 million. In response, donor contributions to UNICEF amounted to $875,000 by the end of October 1993. An advance of $350,000 was also provided from the Emergency Programme Fund.

20. The first UNICEF emergency consignment of vaccines, weaning food, infant formula and essential drugs was airfreighted in April 1993 and distributed to vulnerable groups in the conflict areas of Abkhazia and South Ossetia, as well as in the rest of the country. UNICEF responded to requests for infant formula in order to ensure that all infants had sufficient nourishment because many mothers were unable to breast-feed due to traumatization in the war situation. Following the inter-agency mission, UNICEF missions were also fielded in April, September and October of 1993. In addition to monitoring the deteriorating emergency situation and following up on the use of UNICEF supplies, the September and October 1993 missions carried out a rapid situation assessment and held discussions with government counterparts, United Nations and bilateral agencies and NGOs on the content and strategy of the new country programme.

21. During that time, emergency supplies, particularly essential drugs, continued to be delivered in response to priority needs. In October 1993, UNICEF deployed logistics and health consultants to handle the reception, distribution and follow-up on the end-use of UNICEF supplies in collaboration with the relevant ministries and the Humanitarian Assistance Commission. The United Nations Office in Tbilisi and the resident DHA delegate also have been active in facilitating UNICEF work since the launch of the emergency appeal. These steps have helped to establish UNICEF as a credible partner for the longer term.

22. The main thrust of the first programme of cooperation between UNICEF and Georgia will be to join government efforts with other partners to prevent further deterioration in the survival and development prospects of children during the present period of violent conflict, political crisis and socio-economic upheaval. Therefore, assistance will be targeted primarily

towards the survival needs of the most vulnerable children and families affected by the emergency. Beyond survival needs and a basic service delivery approach, the programme will link carefully with longer-term development and protection activities, using strategies of empowerment, capacity-building and advocacy.

Recommended programme cooperation, 1994-1995

Estimated expenditure

(In thousands of United States dollars)

General resources	1994	1995	Total
Emergency maternal and child health	550	550	1 100
Regular maternal and child health	200	200	400
Education	50	50	100
Research, monitoring and evaluation	50	50	100
Programme support	150	150	300
Subtotal	1 000	1 000	2 000
Supplementary funding			
Emergency maternal and child health	600	600	1 200
Regular maternal and child health	300	300	600
Education	100	100	200
Research, monitoring and evaluation	-	-	-
Programme support	-	-	-
Subtotal	1 000	1 000	2 000
Total	2 000	2 000	4 000

23. The proposed programme has the following main goals:

(a) To provide relief to vulnerable groups, primarily children under five years of age, who face immediate threats to their survival because of displacement, destitution and the hardships of winter;

(b) To bolster the health delivery system at its weakest points to ensure the provision of PHC, especially immunization, the supply of essential drugs and other basic maternal and child health (MCH) services;

(c) To help arrest the decline in the quality of primary education;

(d) To carry out essential national research as a basis for planning a longer-term country programme and formulating a national programme of action (NPA);

(e) To promote and support the preparation of an NPA, with special emphasis on the achievement of mid-decade goals.

24. Initially, the focus of the programme will be to continue assistance during the emergency phase in order to meet the most urgent needs of young children in high-risk groups. Simultaneously, a situation analysis will investigate the causal factors of the main threats to child health and well-being as a basis for formulation of the NPA and more effective long-term UNICEF cooperation.

The programme strategy

25. Because of the emergency, the main strategy will be one of reinforcing service delivery so that the most affected young children and families receive the basic necessities for sustaining life and preventing disease. Given the current financial crisis, Georgia is almost entirely dependent on outside humanitarian aid to meet the needs of the ever-growing number of displaced persons, homeless and others who lack a social safety net. In such circumstances, the delivery of basic health services and the protection of the most vulnerable will be the overwhelming priority.

26. Closely linked to this priority is the rebuilding of national capacities to sustain effective service delivery and progress towards the achievement of longer-term goals for children, especially as embodied in an NPA. In this context, technical assistance, training and orientation towards well-proven low-cost approaches will be important in public health and social services in general.

27. Empowering people with the knowledge to improve their own lives is an essential strategy component, but one which presents a major challenge in a society accustomed to treating official information with scepticism and even disdain. An analysis of present knowledge, attitudes and practices, as well as information channels, will be necessary before this strategy can be successful among the general population. Ensuring that media channels and service personnel are equipped with information on successful approaches to child survival, development and protection will be an important starting-point.

28. Advocacy for placing children at the top of the country's priorities at a time of armed conflict will be a difficult but necessary element of the country programme strategy. Advocacy to promote compliance with the Convention on the Rights of the Child among all parties engaged in armed conflict will be an important part of this approach. A considerable amount of work remains to be done to convince organizations as well as political and administrative leaders that an NPA, including the achievement of mid-decade goals, is important at a time when the country is facing so many crises. Various approaches will be employed, including dialogue with key government and non-government partners who can influence policies, programmes and legislation for children.

Planned programme activities

Emergency programme

29. The dramatic deterioration of conditions in the country and the inability of the Government to cope with the situation puts every child at grave risk, especially newborns and infants. In 1992, 80 per cent of the country's needs for medicines and medical supplies were provided through humanitarian aid. The

figure is believed to be even higher for 1993. As indicated earlier, there is strong evidence, reinforced by anecdotal accounts, of an alarming rise in infant mortality since 1990. There are fears that the situation could worsen because of anticipated widespread power cuts in the winter, leaving maternity wards and homes without heat or electricity for much of the time. The situation in areas of armed conflict is even worse. There are widespread reports of food shortages, especially in urban areas. In those circumstances, reversing an upward trend in mortality in children under five years of age is the highest priority, requiring a substantial allocation of programme resources. The principal emergency interventions described in paragraphs 30 and 31 below are linked closely to the ongoing, but underfunded, emergency programme and are an important entry point for longer-term survival, development and protection activities.

30. Essential drugs and medical supplies. As mentioned above, Georgia is almost entirely dependent on external sources for basic drugs and medical supplies. UNICEF will continue to update assessments of the most urgent medical needs of children, especially those displaced and in zones of armed conflict, by collecting information from the Government and NGOs on-the-spot and through field visits by UNICEF staff and consultants. Close coordination with other donors will be important to ensure that the real needs are adequately covered and to avoid unnecessary overlap and ensure efficiency of distribution. While the priority groups for assistance are the displaced and victims of conflicts, the population-at-large is living in poverty and is in need of essential drug supplies and other necessities. For programming and budgeting purposes, "emergency" drugs and supplies will be planned on the basis of the official estimates of persons displaced and affected directly by armed conflict. "Non-emergency" drugs and supplies aimed at meeting the overall shortfall in the health system will be covered under the "regular" programme as described in the section on child development and protection below. Under the emergency programme, drugs and supplies for the treatment of ARI will be provided in kits, in accordance with WHO recommendations. Other emergency kits will be provided for health centres and maternity wards, while vitamin kits will be distributed to supplement the dwindling food supplies of displaced children and pregnant mothers.

31. Clothing for child victims of war. The widespread electricity cuts and near absence of heating fuel during the harsh Georgian winters expose infants and young children who are victims of war to increased risks of illness and death. Especially vulnerable are the displaced, many of whom have had to leave their belongings behind when evacuating from areas of armed conflict. UNHCR is providing blankets, but clothing for the youngest children is also an urgent requirement. UNICEF will provide sets of winter clothing for infants and children under the age of two years in preparation for the 1994 winter. These items will be distributed to the most needy families as determined by local refugee committees in close collaboration with the National Refugee Committee and UNHCR. Children in institutions, who are at serious risk due to the absence of heating and shortages of food, will also benefit from clothing assistance.

Child development and protection

32. Situation analysis. There are large knowledge gaps on the situation of children that need to be filled in order to effectively develop long-term activities, including an NPA. For example, accurate estimates of infant and child mortality rates are difficult to produce owing to the breakdown in the health reporting system, caused primarily by the regional armed conflicts. It is proposed to institute a series of studies to better estimate these rates and to better identify the causes of infant and child mortality and morbidity and their regional variations. In addition, the condition of health and education services also will be analysed to pinpoint the main areas that need strengthening in terms of supplies, equipment, training and management support. This will facilitate the preparation of an in-depth situation analysis and its linkage to the prioritization of goals for the NPA which, in turn, will lead to more effective policy and programme interventions by the Government, UNICEF and other bilateral and multilateral organizations, as well as to a more focused NPA.

33. Quality and coverage of maternal and child health services. The present capacity of the Ministry of Health to deliver basic services to the population is heavily dependent on external assistance. The UNICEF programme of cooperation will supply essential paediatric drugs and basic medical supplies to complement other sources, with the aim of reinforcing basic MCH services. Ultimately, the objective is to reorient health policy to reduce the present high costs and to revamp the inefficient curative system and strengthen prevention of the main causes of child mortality and morbidity. Training will be a vitally important part of the programme, especially for upgrading managerial skills and technical knowledge, particularly on the rational use of essential drugs, for which a manual will be translated, printed and distributed to all practitioners. Close collaboration will be maintained with the United States Centers for Disease Prevention and Control and WHO, which together are developing an epidemiological surveillance system, and with MSF and REACH, which are also active in the MCH field.

34. Breast-feeding. Along with the establishment of a breast-feeding promotion programme, including the creation of "baby-friendly" hospitals, it is proposed that high-protein biscuits be supplied as a food supplement to pregnant and lactating women. Since maternal undernutrition is often cited as a primary cause of the decline in breast-feeding, this food supplement should help address maternal nutrition needs. Distribution of the biscuits will be linked to education on breast-feeding, and the Ministry of Health has already begun to develop a national programme.

35. Safe motherhood. The safe motherhood programme will concentrate on providing access to and information on family planning services. Collaboration with the United Nations Population Fund will be essential, with UNICEF support in the areas of information and education, linked to the Facts for Life component described in paragraph 39 below. Improving services in maternity wards as a means of decreasing both maternal mortality and perinatal mortality will be an important intervention, based on the provision of maternity kits and the retraining of maternity ward staff.

36. Immunization. Vaccine supply, cold-chain requirements and related training activities and management support were covered largely in 1993 by the European Community and USAID, in collaboration with REACH and MSF (Spain), with UNICEF playing a support role. For 1994 and 1995, UNICEF would become the principal supplier of vaccines to Georgia in the absence of longer-term support from other organizations. In the event of funds for vaccines becoming available from other sources during the 1994-1995 period, UNICEF would reprogramme funds for vaccines for other priority health activities, such as ARI and control of diarrhoeal diseases (CDD) (see para. 38 below). Complementary inputs to the immunization programme will include support for the translation of such materials as vaccination guidelines and other appropriate references into the Georgian language.

37. Micronutrient deficiencies. UNICEF will support research to better estimate the prevalence and severity of IDD and at the same time will promote and provide assistance for the iodization of salt. Support will also be provided for the eventual elimination of vitamin A and D deficiencies and anaemia based on combinations of food supplementation, food fortification and dietary changes.

38. Acute respiratory infections/control of diarrhoeal diseases. A special centre has been established recently in Georgia to investigate the prevalence and patterns of diarrhoeal diseases and ARI and to develop action programmes to address these two diseases, which together account for over 70 per cent of all infant and child hospitalizations. In collaboration with WHO, UNICEF will support the CDD/ARI centre in the review and adjustment of guidelines on ARI case management, and a comprehensive programme will focus on training and orientation of health personnel. Meanwhile, in view of the chronic shortage of essential drugs, ARI kits containing antibiotics, anti-asthmatic drugs and other WHO-recommended supplies will be provided for the treatment of principal respiratory disorders. With regard to CDD, assistance will be given to increase the widespread availability of oral rehydration salts, especially in areas where displaced persons are concentrated and where the risks of contracting diarrhoea are highest.

39. Health education. This aspect of the programme underpins all the other elements and is a key to their success. It is proposed to strengthen the mission of the Health Education Department of the Ministry of Health by encouraging the Ministry to take the lead in promoting a Georgian version of Facts for Life. UNICEF will provide support for the translation of the basic text and for a seminar of medical, public health and education experts to discuss its relevance to Georgia and recommend modifications. UNICEF will then assist the Health Education Department with paper and printing costs for the resulting Georgian version. UNICEF also will encourage relevant parties to build strong partnerships among government ministries, churches, the Women's Council, NGOs and the media to stimulate a national movement for dissemination of Facts for Life and "healthy life" messages. UNICEF will support a study visit of Georgian health educators to Armenia, where Facts for Life and other healthy life initiatives already have been launched successfully. Close collaboration with the media will be an important part of the overall strategy of promoting preventive health care and community and individual responsibility

for family health in order to reduce reliance on the costly and low-efficiency health system.

40. Pre-school and primary education. UNICEF will concentrate support on in-service teacher training and the provision of school materials to displaced children, including basic textbooks and notepads. In addition, a review of boarding institutions, which accommodate approximately 6,000 orphans and disabled children, will be carried out with the aim of developing appropriate curricula and upgrading the quality of living conditions and care services.

Monitoring and evaluation

41. Programme monitoring will be accomplished primarily by UNICEF staff assigned to the office in Tbilisi. An annual programme review will be instituted together with participating governmental organizations, NGOs, United Nations agencies and other partners, as appropriate. Regular field visits will be undertaken by staff to monitor the situation of children and women and to assess the effectiveness of UNICEF assistance. Programme adjustments will be made in accordance with the findings and in agreement with the parties concerned. Close relations will be maintained with national and international NGOs that have field personnel in a position to provide information on needs and programme performance. A programme review will be carried out towards the end of 1995 focusing on programme effectiveness and identifying lessons that can be applied during the next period of cooperation.

Cooperation with partners

42. Effective implementation of the new programme will require close collaboration with other organizations and particularly with the United Nations resident coordinator, with whom UNICEF will share common premises. UNHCR and WFP, already operational in the country, will be important partners, as will WHO, the European Community and USAID and other bilateral organizations, as well as the many international NGOs active in service delivery and capacity-building in Georgia. These include the Cooperative for American Relief Everywhere, Inc., MSF, the Salvation Army, A Call to Serve, REACH, IFRC and the International Committee of the Red Cross. All of those organizations were contacted during the development of the country programme recommendation.

Organizational and administrative structure

43. UNICEF staff will consist of one international Professional, two National Officers, one administrative and finance assistant, two secretaries and one driver. Close relations will be maintained with the other United Nations organizations present in Georgia, whose knowledge and prior experience will be of considerable benefit, especially in the start-up phase. The country programme will be of a more regular nature once a basic agreement on cooperation between the Government of Georgia and UNICEF is signed. For the 1994-1995 programme of cooperation, costs for support staff will be covered by resources

available for programme activities that are included in the sectoral breakdown of expenses. The counterpart contribution will be primarily in the form of personnel, infrastructure and logistics support.